Marilyn & Marvin Simon Family Jewish Community Center
5000 Corporate Woods Drive, Suite 100
Virginia Beach, VA 23462-4370
(757) 321-2338 (direct) (757) 489-4427 (fax)

APPLICATION FOR EMPLOYMENT

The Marilyn & Marvin Simon Family Jewish Community Center is firmly committed to a policy of equal employment opportunity for all qualified persons without regard to race, color, religion, national origin, age, gender, sexual orientation, non-disqualifying disability or veteran status.

GENERAL INFORMATION

Last Name	First name	Full Middle Name
Other Names You Have Used		
Street	City	State Zip
( ) Home phone	( ) Business Phone	( ) Mobile Phone

How were you referred?

- ☐ Walk-in
- ☐ Employee Name_____
- ☐ Advertisement Source:
- ☐ School ☐ Other
- ☐ Government Employment Agency
- ☐ Private Employment Agency:
- ☐ Friend or Relative

Have you ever been convicted of an offense other than a minor traffic violation? ☐ Yes ☐ No

If yes, when? Where? Nature and disposition of offense? List ALL

If hired, can you provide proof that you are legally eligible to work in the U.S.? ☐ Yes ☐ No

If Under 18, can you provide proof of eligibility to work? ☐ Yes ☐ No

EMPLOYMENT DESIRED

What position are you applying for?		Salary Desired:	
Are you available to work	☐ FT ☐ PT ☐ Temporary ☐ Shifts(Please circle) Nights/Weekend	If the position requires, are you willing to work overtime:	☐ Yes ☐ No
What date are you available for employment?			
If temporary or seasonal, please list last day of work.			

Please list any qualifications you have which you feel would benefit your application, including any professional licenses and/or certifications:

U.S. MILITARY

Branch of Service?	Type of Duty:
Active Duty Dates:	From: To:

What specialized training did you receive?

EDUCATION

	TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR FIELD OF STUDY	DID YOU GRADUATE?	DEGREE expected date of completion
	HIGH SCHOOL					
	COLLEGE OR UNIVERSITY					
	GRADUATE OR OTHER FORMAL EDUCATION					

PROFESSIONAL REFERENCES	NAME	ADDRESS Street, City, State & Zip Code	AFFILIATION	TELEPHONE NUMBER

EMPLOYMENT HISTORY

Please give past work experience, including service performed as an independent contractor, as completely as possible, starting with your most recent work experience. Include summer employment, unemployed or self-employed periods; show dates and locations. Use extra sheet if needed.

Position Held:	Company Name & Address:			☐ Full time ☐ Part time ☐ Temp
Type of business	Phone No.	Nature of Work	Employed From:	To:
☐ Resigned ☐ Laid Off ☐ Discharged ☐ Currently Employed	Reason for leaving: May we contact this employer? ☐ Yes ☐ No		Salary Starting:	Final:
Position Held:	Company Name & Address:			☐ Full time ☐ Part time ☐ Temp
Type of business	Phone No.	Nature of Work	Employed From:	To:
☐ Resigned ☐ Laid Off ☐ Discharged	Reason for leaving: May we contact this employer? ☐ Yes ☐ No		Salary Starting:	Final:
Position Held:	Company Name & Address:			☐ Full time ☐ Part time ☐ Temp
Type of business	Phone No.	Nature of Work	Employed From:	To:
☐ Resigned ☐ Laid Off ☐ Discharged	Reason for leaving: May we contact this employer? ☐ Yes ☐ No		Salary Starting:	Final:
Position Held:	Company Name & Address:			☐ Full time ☐ Part time ☐ Temp
Type of business	Phone No.	Nature of Work	Employed From:	To:
☐ Resigned ☐ Laid Off ☐ Discharged	Reason for leaving: May we contact this employer? ☐ Yes ☐ No		Salary Starting:	Final:

CREDENTIALS

Please check all credentials you currently hold:

- ☐ CPA
- ☐ MBA
- ☐ Valid Drivers License
- ☐ Commercial Drivers License
- ☐ Babysitting
- ☐ Child Care
- ☐ CPR/AED (list expiration date)_____
- ☐ First Aid (list expiration date) _____
- ☐ First Aid Instructor
- ☐ ACSM Certified
- ☐ ACE/AFAA Personal Training Certified
- ☐ Stability Ball Certified
- ☐ ACE/AFAA Group Exercise Certified
- ☐ Johnny G Spinning Certified
- ☐ Life Guard
- ☐ Water Safety Instructor
- ☐ Pool Operator
- ☐ Food Handler
- ☐ Food Service Manager
- ☐ Cycle Reebok Certified
- ☐ Walk Reebok Certified
- ☐ Yoga Ball Certified
- ☐ Group Exercise (list other)_____
- ☐ Yoga (list Cert. Type)_____
- ☐ Pilates (list Cert. Type)_____
- ☐ CEC (please list) _____

Indicate any foreign languages you speak, read or write.

☐ Speak _____ _____	☐ Fluent	☐ Good	☐ Fair
☐ Read _____ _____	☐ Fluent	☐ Good	☐ Fair
☐ Write _____ _____	☐ Fluent	☐ Good	☐ Fair

ASSOCIATIONS

Please list all groups, associations, and professional organizations to which you belong that may relate to the position for which you are applying.

PROGRAM SKILLS

Optional

Please check the skills which you possess. Double check those you can teach.

- ☐ Archery
- ☐ Astronomy
- ☐ Badminton
- ☐ Ballet
- ☐ Basketball
- ☐ Boating
- ☐ Camp Crafts
- ☐ Camping
- ☐ Ceramics
- ☐ Dance
- ☐ Dramatics
- ☐ Drawings
- ☐ Golf
- ☐ Group Games
- ☐ Group Singing
- ☐ Gymnastics
- ☐ Hebrew
- ☐ Jewish Holiday Program
- ☐ Jewish History
- ☐ Jewelry
- ☐ Leather
- ☐ Metal Craft
- ☐ Musical Instrument
- ☐ Nature
- ☐ Painting
- ☐ Paper Mache
- ☐ Photography
- ☐ Physical Education
- ☐ Ping Pong
- ☐ Sabbath Program
- ☐ Sewing
- ☐ Soccer
- ☐ Softball
- ☐ Story Telling
- ☐ Swimming
- ☐ Tennis
- ☐ Tumbling
- ☐ Volleyball
- ☐ Wood Working

Agreement:
On entering the employ of Marilyn & Marvin Simon Family Jewish Community Center ("JCC") I agree to observe all the rules of my employer and governmental regulations which may apply to my duties. I understand that any continuation of my employment shall depend upon satisfactory replies on any background checks and from my references, acceptance by the bonding company and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so at any time. I understand that no representative of JCC, other than the Chief Executive Officer, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by the Chief Executive Officer of the JCC.

I hereby acknowledge that Marilyn & Marvin Simon Family Jewish Community Center or its agents may wish to conduct a complete investigation of my background and suitability to provide services to JCC as an Employee. I hereby consent to and authorize the release to JCC or its agents of any and all information in the possession of any police department or other law enforcement agency, department of motor vehicles, any other state or federal agency, any personnel representing any school which I have attended, any past or present employer, any bank or other financial institution, or any credit bureau or other credit reporting agency. My signature appearing hereon should be accepted by any of the above described persons or entities as my request to disclose information in their possession to JCC or its agents. I hereby release from any and all liability JCC and its agents including any persons or entities described above which either gathers or releases information pursuant to this consent and authorization.

I further consent to any testing as may be required by JCC, including but not limited to drug and/or alcohol testing.

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand and agree that providing false, incomplete, or misleading information will be grounds for a decision not to employ me or to terminate my employment immediately without liability for doing so.

_____ _____

Date Applicant's Signature

Marilyn & Marvin Simon Family Jewish Community Center
5000 Corporate Woods Drive, Suite 100
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Marilyn and Marvin Simon Family Jewish Community Center and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release the Marilyn and Marvin Simon Family Jewish Community Center, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name: _____
First Middle (full name) Last Maiden

Current address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: ____/____/_____ SSN: _____/_____/_____

Driver's License Number: _____ Issuing State: _____

May we contact your current employer? ☐ Yes ☐ No

Have you been convicted of a felony, misdemeanor or traffic infraction? ☐Yes ☐No
If yes, please explain._____

Signature: _____ Date: _____

Please print all former names used (maiden or AKA) and residences of the past seven (7) years (city, state and zip code). _____
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